

**SOUTH DAKOTA
SERVICE TO THE BLIND AND VISUALLY IMPAIRED
REFERRAL FOR SERVICES**

Date of Referral _____

Name of Person being referred _____

Street Address _____

City _____ State South Dakota Zip _____

Phone Number _____

Person Making Referral _____

Phone Number of Person Making Referral _____

The above information is required.

Additional Information

Date of Birth of Person being referred _____ Age _____

Cause of Vision Loss _____

Visual Acuities/Fields _____

Functional Limitations _____

Check all the following that apply to the individual being referred

___ Requires services to obtain or maintain employment

___ Requires services for training in alternative techniques (communications, travel, home making, etc.)

___ Has been informed of referral for SBVI services

Other relevant information for SBVI _____

Mail, fax or email the information to the address below.

Department of Human Services
Division of Service to the Blind & Visually Impaired
Hillsview Plaza, 3800 E Highway 34
c/o 500 East Capitol Avenue
Pierre, SD 57501-5070
Phone: 605-773-4644 FAX: 605-773-5483
Email: infosbvi@state.sd.us